

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045269

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11525

STATE FILE NUMBER

FILED DEC - 2 1963

1. PLACE OF DEATH

a. COUNTY

CITY OF ST. LOUIS - MO.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST LOUIS MO.

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

DEACONESS HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST. LOUIS

c. CITY OR TOWN

OVERLAND

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

10588 LACKLAND AVE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First LENA

Middle B.

Last BROCKMANN

4. DATE OF DEATH

Month

Day

Year

11

20

63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-19-1911

9. AGE (last birthday)

52

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

REUTLINGEN-GERMANY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHAN LINDELL

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

HENRY W. BROCKMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

HENRY W. BROCKMANN - 10588 LACKLAND

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RHEUMATIC HEART DISEASE, INACTIVE MITRAL STENOSIS

INTERVAL BETWEEN ONSET AND DEATH

10 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

410X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1955

to Present

and last saw her alive on 11-20-63

Death occurred at

430

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert C. Kungeland MD

22b. ADDRESS

14 FORSYTH WALK CHAYTON 5, MO.

22c. DATE SIGNED

11-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-23-63

23c. NAME OF CEMETERY OR CREMATORY

IMMANUEL LUTHERN CEM.

23d. LOCATION (City, town, or county)

ST LOUIS COUNTY

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

KRIEGS HAUSER WEST 9450 OLIVE

25. DATE RECD. BY LOCAL REG.

11-21-63

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1

2 400X

3

4 1

5 1

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7 3

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11

12 5R-1

13

58

0-35740-001

0001

0001 9 - 031 05 017

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Horsand

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.